



Express Mail No.: EV336653387US

**SUPPLEMENTAL APPLICATION DATA SHEET**

**Application Information**

<u>Application number::</u>	<u>10/749,123</u>
<u>Filing Date::</u>	<u>12/30/03</u>
<u>Application Type::</u>	Regular
<u>Subject Matter::</u>	Utility
<u>Suggested classification::</u>	
<u>Suggested Group Art Unit::</u>	
<u>CD-ROM or CD-R?::</u>	None
<u>Number of CD disks::</u>	
<u>Number of copies of CDs::</u>	
<u>Sequence submission?::</u>	
<u>Computer Readable Form (CRF)?::</u>	No
<u>Number of copies of CRF::</u>	
<u>Title ::</u>	TISSUE REACTIVE COMPOUNDS AND COMPOSITIONS AND USES THEREOF
<u>Attorney Docket Number::</u>	110129.432
<u>Request for Early Publication?::</u>	No
<u>Request for Non-Publication?::</u>	No
<u>Suggested Drawing Figure::</u>	
<u>Total Drawing Sheets::</u>	13
<u>Small Entity?::</u>	Yes
<u>Petition included?::</u>	No
<u>Petition Type::</u>	
<u>Licensed U.S. Gov't Agency::</u>	
<u>Contract or Grant No::</u>	
<u>Secrecy Order in Parent Appl.?::</u>	No

**First Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	David
Middle Name::	M
Family Name::	Gravett
Name Suffix::	
City of Residence::	Vancouver
State or Province of Residence::	BC
Country of Residence::	Canada
Street of mailing address::	616 West 21st Avenue
City of mailing address::	Vancouver
State or Province of mailing address::	BC
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	V5Z 1Y8

## Second Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Hungary
Status::	Full Capacity
Given Name::	Aniko
Middle Name::	
Family Name::	Takacs-Cox
Name Suffix::	
City of Residence::	North Vancouver
State or Province of Residence::	BC
Country of Residence::	Canada
Street of mailing address::	#103 – 4390 Gallant Avenue
City of mailing address::	North Vancouver
State or Province of mailing address::	BC
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	V7G 1L2

**Third Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Philip
Middle Name::	M
Family Name::	Toleikis
Name Suffix::	
City of Residence::	Vancouver
State or Province of Residence::	BC
Country of Residence::	Canada
Street of mailing address::	8011 Laburnum Street
City of mailing address::	Vancouver
State or Province of mailing address::	BC
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	V6P 5N8

**Fourth Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Arpita
Middle Name::	
Family Name::	Maiti
Name Suffix::	
City of Residence::	Vancouver
State or Province of Residence::	BC
Country of Residence::	Canada
Street of mailing address::	#211 – 2920 Ash Street
City of mailing address::	Vancouver
State or Province of mailing address::	BC
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	V5Z 4A6

**Fifth Applicant Information**

Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: Canada  
 Status:: Full Capacity  
 Given Name:: Leanne  
 Middle Name::  
 Family Name:: Embree  
 Name Suffix::  
 City of Residence:: Squamish  
 State or Province of Residence:: BC  
 Country of Residence:: Canada  
 Street of mailing address:: 1070 Finch Drive, Box 45  
 City of mailing address:: Squamish  
 State or Province of mailing address:: BC  
 Country of mailing address:: Canada  
 Postal or Zip Code of mailing address:: V0N 3G0

**Correspondence Information**

Correspondence Customer Number :: 00500  
 41551

**Representative Information**

<u>Representative Customer Number::</u>		00500
		41551

**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/440,924	01/17/03
This Application	An application claiming the benefit under 35 USC 119(e)	60/437,384	12/30/02

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

<u>Assignee name::</u>	<u>Angiotech International AG</u>
<u>Street of mailing address::</u>	<u>Bundesplatz 1</u>
<u>City of mailing address::</u>	<u>Zug</u>
<u>State or Province of mailing address::</u>	
<u>Country of mailing address::</u>	<u>Switzerland</u>
<u>Postal or Zip Code of mailing address::</u>	<u>6304</u>